

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1912



April 29, 1982

To: All County Welfare Directors

Letter No. 82-24

BELTRAN V. MYERS (TRANSFER OF PROPERTY LITIGATION)

On February 3, 1982 the U.S. District Court issued an order which found the transfer of property regulations in effect prior to July 1, 1981 to be in violation of federal law and therefore unenforceable. The Department of Health Services is appealing this decision and was granted a partial stay of the ruling pending the outcome of the appeal.

In order to comply with that portion of the order not stayed by the Court, the following policy must be implemented immediately:

Persons who applied for Medi-Cal on or before June 30, 1981 and who were denied benefits due solely to a transfer of property are entitled to a reevaluation of eligibility. There is pending before the district court a request to clarify what efforts the counties should make in identifying these individuals (for example, a manual search?). However in the meantime, clearly, individuals who request a reevaluation of eligibility or are known to the county to be impacted by the court order should have their eligibility evaluated in accordance with the instructions of this letter. Furthermore, if there exists any method by which these individuals may be identified without causing any unreasonable administrative burden or expense, you should utilize such methods. If the person meets all other eligibility requirements except for the transfer of property restriction he/she is to be granted Medi-Cal eligibility.

NOTE: Medically Indigent Adults (MIAs) who applied during the subject period and were denied due to a transfer of property are not entitled to this reevaluation of eligibility.

Counties are authorized to issue Medi-Cal cards to affected beneficiaries pursuant to CAC, Title 22, Section 50746(a)(1). The county shall also issue a cover letter to the beneficiary (Attachment I) along with a sufficient number of letters for providers (Attachment II) for billing the Medi-Cal program beyond the one year limitation period.

Medi-Cal cards should be issued by the county in accordance with procedures currently in place for issuing immediate need Medi-Cal cards even though the affected individual does not have an immediate medical need. The beneficiary shall not be required to complete and sign form MC 110 in order to receive a card.

County Welfare Directors

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Again, this change in policy is the result of an order which is being appealed and therefore subject to change. As such, these cases should be flagged and kept readily accessible.

Please note that there is no change to the transfer of property policy effective July 1, 1981 and forward. Counties are to continue to process Medi-Cal applications made on or after July 1, 1981 in accordance with CAC, Title 22, Sections 50408, 50409, 50410 and 50411 and All County Welfare Directors Letters 81-27, 81-37 and 81-44.

If you have any questions, please contact your Medi-Cal program consultant at (916) 445-1912.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Dear _____:

Attached is your Medi-Cal card for the month of _____. This card was issued in accordance with Section 50746 (a) (1), Title 22 of the California Administrative Code, which authorizes county welfare departments to issue Medi-Cal cards more than one year after the date of service if a court action requires that a Medi-Cal card be issued. You were recently found eligible for Medi-Cal benefits due to a ruling in the Beltran v. Myers lawsuit.

Also attached is a letter to your doctor or other medical provider, granting permission to bill more than one year after the date of service. Please give your provider that letter, along with your Medi-Cal identification label for the month of service, so that it may be attached to the completed bill. The Medi-Cal program cannot pay your provider's bill unless a copy of that letter is submitted with the bill.

If you have any questions, please call your Medi-Cal eligibility worker, (EW's name) _____, at (phone number) _____.

Sincerely,

County Welfare Department

Attachment

Dear Provider:

Attached is a Medi-Cal identification label for (beneficiary's name) for the month of . This label was issued in accordance with Section 50746 (a) (1), Title 22 of the California Administrative Code, which authorizes county welfare departments to issue Medi-Cal cards more than one year after the date of service if a court action requires that a Medi-Cal card be issued. The above named beneficiary was found eligible for Medi-Cal due to a recent ruling in the Beltran v. Myers lawsuit.

A copy of this letter should be attached to your completed claim form for the month of service. The completed claim should then be submitted to:

State Department of Health Services
Fiscal Intermediary Management Division
714 P Street, Room 950
Sacramento, CA 95814
ATTN: Provider Relations Section

Please note that the fiscal intermediary will not honor a claim submitted more than one year after the date of service unless a copy of this letter is attached to the claim.

Should you have any questions regarding this matter, please contact the county welfare department at (telephone number).

Sincerely,

County Welfare Department

Attachment